

FORM STATE OF HAWAII — DEPARTMENT OF TAXATION
N-12 Individual Income Tax Return
(REV. 1995) **RESIDENT or PART-YEAR RESIDENT** **1995**

DO NOT WRITE OR STAPLE IN THIS SPACE

Calendar Year 1995

or other tax year beginning _____, 1995 and ending _____, 19 _____		AMD	UNP	008	PNT	INT		
USE STATE LABEL OTHERWISE PRINT OR TYPE	Name (If joint return, give first names and initials of both)	Last Name		Your social security number				
	C/O		Spouse's social security number					
	Present mailing or home address (Number and street, including apartment number or rural route)		Your occupation					
	City, town or post office, State and ZIP code		Spouse's occupation					
HAWAII ELECTION CAMPAIGN FUND		Do you want \$2 to go to the Hawaii Election Campaign Fund? Yes <input type="checkbox"/> No <input type="checkbox"/>		If joint return, does your spouse want \$2 to go to the fund? Yes <input type="checkbox"/> No <input type="checkbox"/>		Note: Checking "Yes" will not increase your tax or reduce your refund.		
FILING STATUS	(Check only ONE box)							
	1 <input type="checkbox"/> Single							
	2 <input type="checkbox"/> Married filing joint return (even if only one had income).							
	3 <input type="checkbox"/> Married filing separate return. Enter spouse's social security no. above and full name here. • _____							
	4 <input type="checkbox"/> Head of household (with qualifying person). If the qualifying person is your child but not your dependent, enter this child's name here. ➤ _____							
5 <input type="checkbox"/> Qualifying widow(er) with dependent child (Year spouse died 19 • _____).								
EXEMPTIONS	Caution: If you can be claimed as a dependent on another person's tax return (such as your parents'), do not check box 6a, but be sure to check the box below line 30.						Enter number of boxes checked on 6a and 6b	
	6a <input type="checkbox"/> Yourself <input type="checkbox"/> Age 65 or over						} <input type="text"/>	
	6b <input type="checkbox"/> Spouse <input type="checkbox"/> Age 65 or over							
	Dependents:						Enter number of your children listed	
	6c and 6d						6c <input type="text"/>	
	1. First and last name						Enter number of other dependents	
2. Check if under age 1.						6d <input type="text"/>		
3. If age 1 or older, dependent's social security number						Add numbers entered in boxes above		
4. Relationship						6e <input type="text"/>		
5. No. of months lived in your home in 1995.								
6e Total number of exemptions claimed								
INCOME	Caution: If you are NOT a Part-Year Resident and are filing a federal return, you should use Form N-11.							
	7 Wages, salaries, tips, etc.						7 • <input type="text"/>	
	8 Interest income						8 • <input type="text"/>	
	9 Dividends from the worksheet on page 24 of the Instructions						9 • <input type="text"/>	
	10 State income tax refund from the worksheet on page 25 of the Instructions						10 <input type="text"/>	
	11 Alimony received: Enter name and address of payer						11 <input type="text"/>	
	12 Business or farm: main business activity/product G.E. I.D. No.							
	12a Gross receipts from business or farm 12a <input type="text"/>							
	12b Net income or (loss) after subtracting expenses from business or farm						12b • <input type="text"/>	
	13 Capital gain or (loss) from worksheet on page 27 of Instructions						13 • <input type="text"/>	
	14a Total IRA distributions 14a <input type="text"/> , 14b Taxable amount (see page 27 of the Instructions)						14b • <input type="text"/>	
	15a Total pensions and annuities 15a <input type="text"/> , 15b Taxable amount (see page 27 of the Instructions)						15b • <input type="text"/>	
	16a Rents received. G.E. I.D. No. 16a <input type="text"/>							
	16b Net rental income or (loss) after subtracting expenses						16b • <input type="text"/>	
	17 Unemployment compensation (insurance).						17 • <input type="text"/>	
	18 Other income (state nature and source)						18 • <input type="text"/>	
	19 Add amounts in far right column for lines 7 through 18 Total Income ➤						19 <input type="text"/>	
	ADJUSTMENTS TO INCOME	20a Your IRA deduction 20a <input type="text"/>						
		20b Spouse's IRA deduction 20b <input type="text"/>						
21 Moving expenses 21 <input type="text"/>								
22 Deductions for self-employment tax 22 <input type="text"/>								
23 Keogh retirement plan and self-employed SEP deduction 23 <input type="text"/>								
24 Interest penalty on early withdrawal of savings 24 <input type="text"/>								
25 Alimony paid 25 <input type="text"/>								
26 Payments to an individual housing account 26 • <input type="text"/>								
27 First \$1,750 of military reserve or Hawaii national guard duty pay 27 • <input type="text"/>								
28 Add lines 20a through 27 Total Adjustments ➤								
AGI	29 Line 19 minus line 28 Adjusted Gross Income ➤						29 • <input type="text"/>	

TAX COMPUTATION	30 Amount from line 29. (adjusted gross income)	30	
	CAUTION: If you can be claimed as a dependent on another person's return, check here <input type="checkbox"/> and see the Instructions on page 31.		
	31 If you do not itemize your deductions, go to line 32 below. Otherwise go to page 30 of the Instructions and enter your itemized deductions here.		
	31a Medical and dental expenses (from Worksheet A-1)	31a	
	31b Taxes (from Worksheet A-2)	31b	
	31c Interest expense (from Worksheet A-3)	31c	
	31d Contributions (from Worksheet A-4)	31d	
	31e Casualty and theft losses (from Worksheet A-5)	31e	
	31f Miscellaneous deductions (from Worksheet A-6)	31f	
	NONREFUNDABLE CREDITS	32 Enter the larger of your: <div style="display: flex; justify-content: space-between; align-items: flex-start;"><div style="width: 45%;">Itemized Deductions — If line 30 is more than \$100,000 (\$50,000 for married filing separately), see the worksheet on page 31 of the Instructions. If not, add lines 31a through 31f. OR Standard Deduction shown below for your filing status. Single — \$1,500 Head of household — \$1,650 Married filing jointly or Qualifying widow(er) — \$1,900 Married filing separately — \$950</div><div style="width: 5%; font-size: 3em; line-height: 1;">}</div><div style="width: 50%;"></div></div>	32
33 Line 30 minus line 32. (This line MUST be filled in)		33	
34 Multiply \$1,040 by the total number of exemptions claimed on line 6e. If you and/or your spouse are blind, deaf, or disabled, check applicable box(es) • <input type="checkbox"/> Yourself • <input type="checkbox"/> Spouse, and see page 31 of the Instructions.		34	
35 Taxable Income. Line 33 minus line 34 (but not less than zero) Taxable Income ➤		35	
36 Tax. Check if from <input type="checkbox"/> Tax Table; <input type="checkbox"/> Tax Rate Schedule I, II, or III; <input type="checkbox"/> Form N-615; or <input type="checkbox"/> Capital Gains Tax Worksheet on page 18 of the Instructions. Enter the amount of your long-term capital gains • (• <input type="checkbox"/> Include separate tax from Forms N-2, N-103, N-152, N-312, N-405, N-586, or N-814) Tax ➤		36	
TAX PAYMENTS AND REFUNDABLE CREDITS	37 Income tax paid to another state or to a foreign country (from Worksheet on page 19 of the Instructions) ..	37	
	38 Energy Conservation Tax Credit (attach Form N-157)	38	
	39 Enterprise Zone Tax Credit (attach Form N-756)	39	
	40 Low-Income Housing Tax Credit (attach Form N-586)	40	
	41 Credit for Employment of Vocational Rehabilitation Referrals (attach Form N-884)	41	
	42 Add lines 37 through 41 Total Non-Refundable Credits ➤	42	
	43 Line 36 minus line 42 (but not less than zero) Balance ➤	43	
	44 Hawaii State Income tax withheld and tax withheld on IHA distribution	44	
	45 1995 estimated tax payments	45	
	46 Amount of estimated tax applied from 1994 return	46	
REFUND OR AMOUNT YOU OWE	47 Amount paid with extension(s)	47	
	48 \$1 general income tax credit (see Instructions on page 32)	48	
	49 Food Tax Credit (attach Schedule X) DHS, etc. exemptions •	49	
	50 Credit for Low-Income Household Renters (attach Schedule X)	50	
	51 Credit for Child and Dependent Care Expenses (attach Schedule X)	51	
	52 Medical Services Excise Tax Credit (attach Schedule X)	52	
	53 Credit for Child Passenger Restraint System(s) (attach a copy of the invoice)	53	
	54 Capital Goods Excise Tax Credit (attach Form N-312)	54	
	55 Fuel Tax Credit for Commercial Fishers (attach Form N-163)	55	
	56 Other credits (attach list and see page 33 of Instructions)	56	
PLEASE SIGN HERE	57 Add lines 44 through 56 Total Payments and Credits ➤	57	
	58 If line 57 is larger than line 43, enter the amount OVERPAID (line 57 minus line 43)	58	
	59 Amount of line 58 to be REFUNDED TO YOU Refund ➤	59	
	60 Amount of line 58 to be applied to your 1996 ESTIMATED TAX	60	
	61 If line 43 is larger than line 57, enter the AMOUNT YOU OWE (line 43 minus line 57). Attach check or money order for full amount payable to "Hawaii State Tax Collector." Write your social security number and "1995 Form N-12" on it. If you are filing your return late, see page 33 of the Instructions. Balance Due ➤	61	
DECLARATION	62 Estimated tax penalty. Also include this amount in line 61	62	
	63 If you don't need Hawaii income tax forms mailed to you next year because a tax preparer will prepare your return, check here to receive a preprinted label only. <input type="checkbox"/>		

DECLARATION

I declare, under the penalties set forth in section 231-36, HRS, that this return (including accompanying schedules or statements) has been examined by me and, to the best of my knowledge and belief, is a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the Hawaii Income Tax Law, Chapter 235, HRS.

PLEASE SIGN HERE	<div style="display: flex; justify-content: space-between;"><div>➤ Your signature</div><div>Date</div></div>	<div style="display: flex; justify-content: space-between;"><div>➤ Spouse's signature (if filing jointly, BOTH must sign)</div><div>Date</div></div>		
	Paid Preparer's Information	Preparer's Signature and date	Preparer's social security number	Check if self-employed <input type="checkbox"/>
		Firm's name (or yours if self-employed) and address	Federal E.I. No. ➤	
		ZIP Code ➤		